

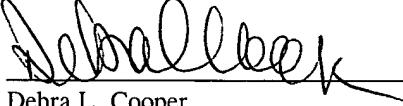


Atty. Docket No. FEL07 P-300

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

6/26/03  
Date

  
Debra L. Cooper

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3635  
Examiner : Yvonne Michele Horton  
Applicant : Thomas G. Feldpausch et al.  
Appln. No. : 09/817,551  
Filing Date : March 26, 2001  
Confirmation No. : 9372  
For : COLLAPSIBLE SHELTER STRUCTURE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

RECEIVED  
JUL 02 2003

Dear Sir:

GROUP 3600

Transmitted herewith are a Petition for Extension of Time to Respond, Amendment under §1.111, and return addressed postcard in the above-identified application.

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 14	Minus	** 26	= 0	x \$9	\$ 0.00	x \$ 18	\$
Independent Claims	* 12	Minus	*** 6	= 0	x \$42	\$ 0.00	x \$ 84	\$
First Presentation of Multiple Dependent Claims \$140						\$ 0.00	x \$280	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00		\$

Applicant :  
Appln. No. :  
Page :

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1.  Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2.  No additional fee is required.
3.  A check in the amount of \$55 is attached.
4.  Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON

Date

Jan 27, '03

  
\_\_\_\_\_  
Daniel L. Girdwood  
Registration No. 34 827  
695 Kenmoor, S.E.  
Post Office Box 2567  
Grand Rapids, Michigan 49501  
(616) 949-9610

DLG/dlc